PTO/SB/82 (09-04)
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## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

Serial Number	10/630,233
Filed Date	July 29, 2003
First Named Inventor	Michael P. Schrom
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	64862/P062US/10502006

I hereby revoke all previous powers of attorney given in the above-identified application.				
OR	ower of Attorney is submitted herewith.  reby appoint the practitioners associated with the Customer Number:	37372		
x Please change the correspondence address for the above-identified application to:				
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I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature				
Name	F. Robert Merrill			
Date	Executive VP Finance & CFO 4226 Telephone	972-309-8000		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of forms are submitted.				

PTO/SB/96 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Michael P. Schrom et al.				
Application No./Patent No.: 10/630,233 Filed/Iss	sue Date: July 29, 2003			
Entitled: System and Method for Providing a Medical Lead Bod	ly Having Dual Conductor Layers			
Micronet Medical, Inc. , a (Type of Assignee)	corporation			
(Name of Assignee) (Type of Assignee,	, e.g., corporation, partnership, university, government agency, etc.)			
states that it is:				
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2. an assignee of less than the entire right, title and interes	st.			
The extent (by percentage) of its ownership interest is %				
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OR				
B. X A chain of title from the inventor(s), of the patent application assignee as shown below:	on/patent identified above, to the current			
1. From: Schrom, Michael P., et al. To:	: Micronet Medical, Inc.			
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The undersigned (whose title is supplied below) is authorized to ac	ct on behalf of the assignee.			
	\ \ \			
7/1/2	4/55/2Q			
Signature	Date			
F. Robert Merrill	972-309-8000			
Printed or Typed Name	Telephone Number			
Executive VP Finance & CFO				
Title				